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ABSTRACT

Community-based social service agencies working in low-income communities increasingly function with inadequate support and encounter numerous oppressive external and internal conditions that compromise organizational and staff well-being. Working with many such agencies, WestEd identified stressors that included funding problems, unrealistic expectations about programs, racial and class tensions, lack of organizational capacity and support, and problems in program development and collaboration. The term "battered agency syndrome" was coined to explain some of the difficulties observed in struggling social service agencies. These agencies, like the families they work with, need practical and emotional supports that include: (1) assessing organizational and staff wellness before collaborative work begins; (2) encouraging founders to provide resources for an organizational therapist to nurture the development of a healthy infrastructure; (3) assessing and developing cultural competence among collaborating agencies; (4) using funders to provide resources for staff skill development, burnout prevention, and cross training; (5) training supervisory staff in reflective supervision; and (6) participating in strategic planning processes. (Contains 53 references.) (SLD)

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Battered Agency Syndrome

The Challenge To Agencies Serving Low-Income Communities

May 2000

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Battered Agency Syndrome

The Challenge To Agencies Serving Low-Income Communities

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May 2000

ABSTRACT

Community-based social service agencies working in low-income communities increasingly function with inadequate support and encounter numerous oppressive external and well as internal conditions that can compromise both organizational and staff well-being. Working with local agencies to implement comprehensive, community-based services for children and their families in the isolated, low-income, predominantly African American community of Marin City, California, WestEd's Center for Child & Family Studies realized that many of the Marin City agencies, like the families they were serving, were in crisis. The stressors these agencies were dealing with included:

- Unpredictable and insufficient funding,
- Unrealistic expectations from funders, and collaborators,
- Racial and class tensions with other agencies or partners,
- Limited role in developing, implementing and evaluating programs intended for their community,
- Inequitable ratio between depth of services needed and services offered,
- Lack of organizational capacity building, staff training and development,
- Lack of organizational support for staff,
- Stringent requirements to work collaboratively with agencies outside the community.

The term "battered agency syndrome" was coined to explain some of the difficulties we observed among agencies inundated by funding uncertainty, burnout, anger, isolation, and low morale. Far from being unique, these phenomena are also found in many other agencies working in impoverished communities throughout the country. These agencies, like the families they work with, need practical and emotional supports including:

- Assessing organizational and staff wellness before collaborative work begins,
- Encouraging funders to provide resources for and organizational therapist to nurture the development of a healthy collaborative infrastructure,
- Assessing and developing cultural competence among collaborating agencies,
- Urging funders to provide resources for staff to build skills, prevent burnout, increase cultural competence, and participate in cross training,
- Training supervisory staff in reflective supervision to help staff actively participate in problem solving and decision making about their cases, and
- Preparing the battered agency to begin a strategic planning process through self-assessment and team building.

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PREFACE

This document introduces a new concept to the field of family support work. We have coined the term "battered agency syndrome" as an organizing concept to explain some of the difficulties found in implementing social service interventions. We put forward the notion that the functioning of social service agencies serving low-income communities is influenced by many of the same types of risk factors that influence family functioning in low-income communities:

- lack of economic stability;
- limited social support; crowded or impermanent housing;
- lack of respect from peers; and
- less than positive relationships with local institutions (schools, county and city government, funding agencies, and social service agencies).

We have found that these conditions are prevalent in agencies located in low-income communities, particularly communities of color, and accentuated when the service agency is seen as part of the low-income community and its culture. These conditions can and many times do lead to feelings of anger, frustration, hopelessness, depression, heightened sensitivity to slights, and even physical illness. When overlooked or ignored, as they often are in the creation of services for low-income communities, the result is that many efforts flounder. Collaboration between local agencies in low-income communities and agencies and funders in the broader community are particularly vulnerable to failure when this syndrome is not addressed.

In this document we will:

- review literature dealing with causes of effective and ineffective social service intervention efforts,
- provide information from our working experience in Marin County to more completely describe "battered agency syndrome," and
- present recommendations to deal with the causes and symptoms of this "syndrome."

Because "battered agency syndrome" is a new concept, we hope that this document will be a stimulus to the reader to test and expand our thinking on the issues raised. We also hope the concept will lead to new approaches to interventions and collaborative initiatives targeted to low-income communities.

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I. INTRODUCTION

During the last decade WestEd has worked with local community agencies in Oakland, San Francisco and Marin City, California through its Bay Area Early Intervention Program to develop a two-pronged community intervention model. In 1993 this model was implemented in the low-income, predominantly African American community of Marin City.

Marin City Families First (hereafter referred to as MCFF) was the intervention designed by WestEd and leaders of Marin City service agencies to develop comprehensive, community-based services for Marin City children and their families starting during pregnancy and continuing until the children reached age three. MCFF served 30 Marin City families. The common strategy of the project was to integrate the education community with other social service agencies, private organizations, community groups and family members in planning and conducting comprehensive services for at risk families. A key component of the work was weekly family contact. A family advocate worked with each of the families and, in collaboration with a clinical coordinator, developed appropriate in-home interventions and links with community services and community organizations. The clinical coordinator further augmented the work of the family advocate by organizing and orchestrating community service agencies around the particular needs of program families. Also in 1993, Marin City USA, a community development corporation began to implement its redevelopment plan for Marin City. Marin City would receive a new shopping center and medium to high priced homes, condominiums and townhouses built at the outer perimeter of the community.

Marin City is an isolated, low-income community of about 2,100 residents located at the foot of the Golden Gate Bridge in Marin County, one of the most affluent counties in the nation. African Americans account for about 75% of the population of Marin City. Thirty-six percent of the nearly 1,000 Marin City households live below the poverty line, 40% of adults are unemployed, and 89% of families are headed by a single mother. About one-third of Marin City residents live in public housing projects. As many as 50% of adults may be functionally illiterate, and about 41% of residents lack the basic skills necessary for entry-level jobs.

One of the most unique features about Marin County is the multi-million dollar trust that was bequeathed to the county in the 1970s to serve the needs of its residents. The trustee, the Marin Community Foundation, exercises tremendous influence within the county and is the primary non-public sector source of funding for community development and community-based service agencies in Marin County. In the early 1990s, Marin City social service agencies were independent community-based organizations, each with individual grants from the foundation. Two years into the operation of MCFF the foundation's funding guidelines for Marin City agencies changed. Rather than deal with many small agencies it was decided that services should merge under one management umbrella, the Marin City Project (MCP), which would administer most of the Marin City services, including job training, employment, family development and other support services. A central component of the Marin City Project was the employment and community

development efforts of Marin City USA. Plans were being developed not only to provide clients access to much needed programs for affordable housing, job training, schooling, and employment, but to family support services as well.

By the time MCFF ended in 1998, the dynamics of the Marin City community had profoundly changed. Higher priced, but still relatively affordable homes had attracted higher income residents into the community who had no connection to the history of "old" Marin City. The once high hopes that employment opportunities at the newly built shopping center would help Marin City residents move towards economic self-sufficiency were dampened. The jobs offered to Marin City residents were typical of those found in the retail service sector, involving part time work at low wages and low or no benefits and not in the numbers or skill level expected.

Just two years into the implementation of MCFF, WestEd realized that, like the families they were serving, many Marin City agencies were in crisis. "In Marin City, the under-funding of existing agencies creates an especially difficult environment for creating change because the families served by the agencies are so often in crisis; a vicious cycle of working through crises is never-ending for both the families and the agencies" (Scott 1994). The term "**battered agency syndrome**" emerged from the various behaviors and responses we observed among Marin City community-based agencies attempting to cope with ever increasing demands, expectations and pressures, many of which resembled those found in the families served by MCFF. We have come to use this term to identify issues common to many service agencies in low-income communities and to enlighten our recommendations for strategies leading to successful work in these communities. In this document we make the case that a shift needs to be made in the way interactions and collaborations are conceptualized and conducted with agencies that may be suffering from "battered agency syndrome." We believe that useful techniques and strategies for more effective work in low-income communities can be extrapolated from our experiences in Marin City and from the literature on how to best serve "at risk" families and "battered" family members.

The domestic violence literature identifies a set of traits that are characteristic of battered individuals, including low self-worth, depression, feelings of helplessness and powerlessness, increasing isolation, chronic anxiety, denial, shame, despair, withdrawal, and vulnerability (Coley and Beckett, 1988; Dziegielewski and Swartz, 1997; Hutchinson, 1990). We found that many of these characteristics could also be applied to staff members of resource-starved community-based service agencies working in low-income communities and continually operating in survival mode. Further, many of the reasons these agencies continue to function in an unhealthy environment are similar to those of individuals who stay in abusive situations: lack of financial resources, fear of reprisal, and fear for safety and survival (Schechter and Edleson 1995; Hutchinson 1990; Dziegielewski and Swartz 1997; Coley and Beckett 1988).

These phenomena are not unique to Marin City agencies but may be found among many agencies working in impoverished communities throughout the country. While the concept "battered agency" is new, many of its unique, if unnamed, symptoms are

very familiar. Among the factors that we believe contributed to functional difficulties among Marin City agencies are the following:

- Different types of organizational dysfunction arose as a result of understaffed, underfunded and overworked community service agencies;
- Continually stressed staff, at all levels of the agencies, exhibited problems similar to the clients they serve, such as depression, denial, despair, withdrawal, and isolation;
- Cultural and class differences adversely affected interactions and collaborations between indigenous agencies and outside agencies;
- While local agencies and the local community may be minimally involved in community wide planning, the suggestions of local providers and residents who know the community are often not valued or taken seriously; and
- The dependence of community-based organizations upon the changing policies of funders not only makes the programs economically vulnerable but can contribute to dysfunctional relationships throughout the social service community.

The purpose of this report is to examine the conditions that Marin City agencies and programs experienced over time that contributed to their functional difficulties and to validate the perceptions gained through WestEd's experience working with these agencies through MCFF. We will attempt to highlight and illustrate the difficulties that community-based organizations in low-income communities have in meeting their commitments to collaborate and how funding constraints, exclusion from planning and decision making, and race and class differences and tensions contribute to organizational and staff functioning. This report will also provide suggestions about how to recognize, prevent and address battered agency syndrome.

Several methods were used in developing this article. A literature search was conducted in four major databases (social welfare, psychology, business/organization, and public health) to discover the extent to which researchers have identified aspects of battered agency syndrome. Previous reports prepared by WestEd about MCFF are also used, including *Barriers to Implementing Common Principles of Interagency Collaboration: Lessons Learned from the Marin City Families First Program* (Scott et al.1994), which provides valuable insight into the complex environment in which MFCC was operating and documents numerous barriers to collaboration faced by Marin City agencies, and *Marin City Families First: Three Case Studies* (Bremond et al. 2000). We also conducted focus groups and key informant interviews with members of the Marin City service community, former Marin City Project board members, key informants from outside Marin City, and MCFF representatives.

II. CHALLENGES AND BARRIERS FACING SMALL SOCIAL SERVICE AGENCIES WORKING IN LOW-INCOME COMMUNITIES

Social service agencies working on the frontlines in low-income communities confront complex social, health and economic crises among the families and individuals they serve on a daily basis. Many of these agencies function with inadequate support and minimal respect, and encounter numerous troubling and stressful external as well as internal conditions which, if left unacknowledged and unaddressed, can accumulate and threaten the health of the agency, its staff and ultimate survival. Among these factors are:

- racial and class tensions with other agencies and/or partners,
- having an inadequate role in developing, implementing and evaluating programs intended for their community,
- lack of organizational capacity building, staff training and development,
- lack of organizational support for staff,
- insufficient and unpredictable funding, unrealistic expectations from funders, and
- increasing requirements to work collaboratively with other providers.

Within the past two decades, community-based human service agencies have had to adjust to a profoundly changed fiscal climate. In the 1980s, federal aid for social services, employment and training activities was cut by as much as 60% (Stoesz and Karger 1992) and low-income housing was reduced by 80% (Goetz 1993). Community-based agencies, which have traditionally been resource dependent and relatively protected from the outside free market environment, were suddenly told that to survive, they would need to become more self-reliant — even entrepreneurial (Posey 1987). Typically staffed and administered by practitioners (nurses, social workers) rather than managers trained in private sector methods, direct service organizations tend to put their clients first — often at the expense of their agency (Posey 1987). Unprepared for the loss of revenue and lacking substantive guidance to cope with funding changes, many of these agencies were thrust into unfamiliar territory that created considerable stress and instability.

At the same time, public and private funding sources became increasingly interested in the concept of interagency collaboration as a more efficient and comprehensive approach to address the complex social and economic problems common to low-income communities. Scores of initiatives have since been funded nationally to coordinate neighborhood job creation efforts, promote the development of new business enterprise, prepare residents for work and self-sufficiency and help residents gain access to support services (Pitt 1998). These initiatives can provide incentives for community-based agencies, anxious about inadequate funding and uncertain future funding, to participate in collaborative efforts (Mulroy 1998).

Collaboration

Several converging trends have made collaboration an increasingly attractive approach to funders and service agencies. Complex problems in poor neighborhoods have not improved with the use of categorical or single issue approaches (Rubin 1995; Stone 1996). The erosion of federal support for social welfare programs has left community-based organizations with serious revenue shortfalls, producing additional incentives to become more cost effective through cooperation and coordination with other service providers (Berlinger and Hall 1997; Alter 1990). Finally, government agencies and private foundations, the two largest sources of funding for community-based organizations, are increasingly requiring cross-sector and inter-organizational collaborative initiatives as a condition of funding (Mattessich and Monsey 1992).

Although widely used as a strategy for community building and local level problem solving, interorganizational collaboration is complex, takes many forms and can be difficult to implement (Mulroy 1997; Pitt 1998). Not uncommonly, the benefits of collaboration may be overshadowed by obstacles that undermine the ability of community-based initiatives to plan and implement coordinated strategies. The proliferation of collaboratives across various funders' initiatives, for example, has taken a toll on communities in terms of the sheer energy it takes to sustain committees and countless meetings in addition to regular operations (David 1999).

Conflict is almost a given when multiple organizations with diverse mandates interact to provide a service (Fargason 1994). Many collaboratives have found that despite sharing a common vision, conflicts typically surface among participating agencies over territorial issues of role and responsibility (Mulroy 1997). This is especially true among agencies serving complex client populations for which there are multiple goals and where administrators and planners are unprepared to prevent dysfunctional conflict (Alter 1990), although organizations are generally more willing to work together on activities that do not disrupt existing power bases and control of resources (Pitt 1998). Complex governing structures and the need for specialized technical assistance and ongoing maintenance to maximize their effectiveness make collaboratives not always the best mechanism for concerted action (David 1999).

One of the main purposes of the MCFF intervention was working with local programs to strengthen and coordinate support services in the community through formal and informal collaborative networks among agencies that do or could serve Marin City families. WestEd also worked with Marin City Project programs, and agencies and organizations outside of Marin City to create partnership linkages with social services, education, private organizations, community groups and family members to plan and provide comprehensive services for at risk families. But a number of conditions made collaboration very difficult.

The Illusion of Equal Partnership

Effective collaboration is nearly impossible if an agency has not decided its role in the partnership. In some partnerships agencies' roles are clearly equal. In others roles are clearly unequal, with primary and secondary positions assumed. These roles should be clear upon entry into the collaboration, not negotiated afterward. This, however, is most often not the case. Sometimes economic and political pressures to collaborate force inappropriate mergers. Often there is lack of clarity upon onset of collaboration born from either innocent or purposeful role confusion. Agencies may be mislead into believing they will have more power in the collaboration than in fact they will have. Other times they are forced into "take it or leave" collaborations because one of the partners has easier access to the funding sources.

> "In order to be a part of a healthy collaboration, everybody in that process needs to have a secure stance," said an MCFF program director. "But programs in Marin City didn't because they were operating from a deficit position. They spent most of their time dealing with survival issues, with funding, and with outside pressures and impressions about what it meant to be identified as a staff member of an 'ethnic' agency working with one population."

A great deal of research has concluded that the historic role of community-based organizations in neighborhood affairs should make them important members of collaborative initiatives. Indigenous agencies that incorporate both service and cultural factors are particularly valuable to communities of color by filling the gaps left by traditional methods of service delivery and by providing more culturally appropriate services (Jenkins 1980). Local agencies have more information about and easier access to the community, leaving more time to develop and implement the collaborative programs in which they participate (Jones 1992). Nevertheless, smaller agencies, particularly ethnic agencies, that have the history and credibility in the community, can be overshadowed by larger and wealthier collaborating partners (Scott 1994). We have found that there is often genuine disagreement about the value or skills that a particular agency brings to the collaboration. In the MCFF experience the skills and usefulness of the agencies in Marin City were quite often undervalued by collaborators from mainstream agencies outside Marin City, but the collaboration proceeded because of funding requirements that a collaboration take place. To begin collaborations this way often dooms them to failure or at least to difficulty.

Issues of Race and Culture

Collaboration issues can be exacerbated when the managers and service providers from the local agencies are culturally and racially different than the managers and providers from collaborating agencies, or when the collaborating agencies have had little experience working in low-income communities of color. Marin City staff was often furious when they came back from meetings with collaborators from outside the community. The experience of feeling invisible and powerless was described by

an African American Marin City program director who attends numerous meetings with outside agencies. "They'll be sitting around the table and forget that I was there. Something would come up about Marin City, about how you can't get anything done there. Then they'd look at me and say, but no, we don't mean you." Frustration was also voiced about the lack of cultural competency that workers from outside agencies had in dealing with Marin City families. Often Marin City practitioners would find themselves having to mend fences trampled by insensitive communications or dealing with feelings of not wanting to be associated in the minds of family members with their collaborator because of the insensitivity shown to the family.

Historical Barriers

The past history among collaborators can also contribute to the fragility of collaborative efforts. Past perceptions must be dealt with, not swept under the rug, when forming a new collaboration. It became clear to WestEd facilitators that service and funding agencies outside of Marin City saw Marin City as a closed system that resisted well-intentioned help and that staff from Marin City agencies didn't come to planning meetings. It was also clear to facilitators that Marin City providers felt resentment for being disrespected when they did attend meetings and repeatedly felt left "out of the loop" when really important decisions were made about services to be provided in Marin City.

When Marin City agencies insisted that the health and social services provided in Marin City should be provided by local providers who knew best how to serve the community in culturally respective ways, they thought of this as a relatively logical and obvious decision that would be accepted by all. The message heard by outside service agencies however was that Marin City was rejecting the service they designed, which involved having the staff of their agencies provide these new services, and that Marin City agencies did not want or need their help.

Case Management and Referral

The ability to make services that are available throughout a collaborative easily accessible to clients is an obvious sign of success, yet creating an equitable referral process often undermines collaboration. It seems that most agencies are willing to collaborate as long as they manage cases. Often both agencies in low-income areas and the larger agencies serving them are unwilling to relinquish case control. This is particularly true when racial and/or cultural differences in agencies are involved or when there is little trust in the relationship. For any number of reasons, including economic survival, many agencies are unwilling to refer clients even if they are not best suited to serve them.

Agencies that are unwilling to reduce client numbers or lose clients to other programs can derail referral efforts (Reed and Collins 1994), and poor communication can compromise the ability of agencies to effectively refer clients to needed services. Marin City Project staff members said the referral process both within the Marin City Project and with outside agencies was ineffective. Issues of

institutional survival can lead programs to give the illusion that they provide more services than they actually do or are more competent to provide services than they actually are. We have heard reports from program directors that policies of refusing to refer or accept referrals without staff to deal with them are common components of many collaborations. Marin City staff reported "being left in the dark about follow-up" and "confused and limited in the ability of staff to provide quality service to clients." One stated "I had referred a couple of people, and who knows what happened because they never received the services."

Some collaborative efforts work despite organizational dysfunction. From the perspective of some Marin City Project staff, the collaboration that was successful happened in spite of the Marin City Project. "Collaboration was based more on individual relationships with other people. It took the staff person to staff person level to really make it work because organizationally, it wasn't happening," reported one MCP staff person. Indeed, researchers have identified inter-organizational relationships between workers as being even more important for system operation and service outcomes than inter-organizational coordination between policymakers and managers (Alter 1990). (Additional suggestions for creating stronger collaborations with agencies serving low-income communities can be found in Section IV.)

Funding

Funding patterns among community-based service organizations vary enormously. Some agencies receive the majority of their funding from one or two funders, while others obtain financial support from multiple sources. In the past two decades, non-profit service agencies have found themselves coping with sudden, negative changes in funding (Reed and Collins 1994) and experiencing increased complexity due to multiple funding sources with different fiscal cycles, institutional expectations and reporting requirements (Mulroy 1997). Many programs are now required, as a condition of continued funding, to show evidence of meeting program outcomes by increasing their evaluation and reporting efforts (Finch 1978). The recent shift in funding requirements from demonstrating need and delivering community-based services to demonstrating outcome in the form of community benchmarks or report cards has put new pressures on community-based agencies (Stokley 1996).

Increasingly, as a condition of funding, these agencies are required to function as part of a collaborative, to do strategic planning, and to explain how they will be self-sufficient at the end of the funding period. These are logical and appropriate expectations but they must be supported with both resources and an implementation plan if they are to be met.

New or conflicting demands from funders can unintentionally create havoc for programs and compromise collaborative efforts. For example, the social service system in Marin City experienced disruption when its major funder, the Marin Community Foundation, decided to consolidate formerly independent community-based agencies under one roof. Agencies that once had their own budgets now had to compete for funding from the block grant-like lump sum provided by the foundation.

Former executive directors became program coordinators. Boards of directors were disbanded and a new Marin City Project board was formed. Under the new arrangement, former agencies were required to re-apply for funding annually as part of this larger group.

For any number of reasons, most agencies have found that despite sharing common missions and philosophies, conflicts surface among participating collaborators over territorial issues of role and responsibility (Mulroy 1997). While combining Marin City agencies into a single entity was expected to produce more efficient and economical service delivery, the process exposed already existing but unaddressed tensions and problems and created some new ones. Attempts by Marin City agencies to design a new service delivery approach that would comply with the vision of the foundation was often waylaid by their need to renegotiate turf. One member of the Marin City Project said, "Most times, trying to create a system to meet the needs of families got lost competing with the self-interest of some people sitting around the table whose attitude was 'I want to maintain my program like it used to be when I was part of another agency' and not being willing to give up that diminished autonomy to truly collaborate as a service providing community."

The funding and survival pressure in Marin City is validated in other communities where the tendency to underfund programs creates a hand-to-mouth existence. Organizations typically have just enough to provide a basic service but lack the resources to create an infrastructure to adequately support staff in providing quality services for challenging populations (Pitt 1998). While capacity building is usually required by funders, resources to increase the capabilities of the staff and organization may not be budgeted. Under these circumstances, agencies that do provide staff training and development may do so at the expense of resources earmarked for program implementation, eventually increasing stress for staff who are still expected to achieve the outcomes promised to the funder.

It is common for community-based agencies to struggle with year-to-year funding cycles that increase instability and create anxiety about the lack of organizational security. Funders wanting to see dramatic changes often have unrealistic expectations about how much and how long it takes to really help distressed families (Scott et al. 1994). One of the biggest complaints among Marin City program directors is that community-based service agencies are not given adequate resources to accomplish what they are funded to do. "I haven't seen an organization yet that's had the staff to function at the capacity of what their mission is," said one program director. "I've been here 13 years and there's been me, or me and two people to serve a population where other programs have secretaries and outreach workers. But we take $5 to do a $25 job. And they expect you to do it, but you can't. You're not even band-aiding, you're just cleaning the wound and hope it doesn't get infected."

Pressure is quite extreme for these barely surviving agencies because of the additional requirement of most funders for programs to show how, at the end of the funding cycle, they will have achieved self-sufficiency. The difficulties for resource starved agencies to predict their future fiscal health are similar to the difficulties experienced by clients trying to transition from welfare to work with inadequate resources.

Race, Class and Perceived Competence

As fundamental as racial and class issues are to the outcome of neighborhood-based initiatives, their relative absence in the literature reflects the reluctance of Americans to face and deal with these major national concerns. While the importance of providing culturally competent services in multi-ethnic client populations is becoming more widely accepted among health and social service providers (Legault 1996) and is nearly always required by funders, cultural differences among agencies and funders can be serious barriers to effectively working together.

Pitt (1998) found that racial and class tensions among collaborating partners were prevalent among the neighborhood collaboratives she studied, being most pronounced between predominantly white, upper-middle-class business leaders and low-income/residents of color living in targeted neighborhoods. One initiative in that study was ultimately sabotaged by unanticipated class divisions which, while acknowledged, were not directly confronted, resulting in prejudices and misunderstandings that ultimately impaired the collaboration and reinforced divisions within the community.

Two decades ago, Jenkins (1980) noted that the growth of ethnic agencies providing unique and effective services in low-income communities of color had become much more than a political response to movements for minority rights. Indigenous agencies tend to take a more integrated approach to service delivery in responding to the complex needs of their clients, with particular emphasis on cultural aspects of program content. This approach provides a way to remedy serious deficits in traditional methods of service delivery that focus on more narrow interventions and often miss subtle cultural cues given by clients.

Cultural competence is a key component for effective service delivery in communities of color. The experience reported by program participants in Marin City is that agencies with staff who are knowledgeable about their communities or are of the same racial/ethnic background have easier access to build relationships with the people of the community and are more likely to be successful in providing services. This local observation is substantiated by Jones (1992) who reported that agencies that do not hire culturally competent staff tend to be uneasy coming into non-white communities to provide services, and less likely to be successful in engaging residents.

The level of cultural competence in an organization also influences to what extent collaborating partners from outside agencies are willing to attend meetings in low-income communities of color. A key informant described the difficulty in getting outside service providers to attend meetings in Marin City. "Basically there was a lot of fear. It's not that they didn't know the agencies and the people, and some of them did feel comfortable. It's just that meeting in Marin City wasn't their first choice. If they could go someplace else, that was easier. There was no bridge back and forth even though it was the same county." This is also a pertinent issue for

funders who have little or no direct experience working with low-income communities and communities of color.

The use of euphemisms like "inner city" allude to the fear people have in dealing with low-income communities of color where reports of crime and violence create the impression that the community is not safe. While safety is a legitimate issue for residents and other people coming into the community, overly sensationalized media coverage and internalized stereotypes about the population can cause inordinate fear among human service staff working in the community and even be used as a reason not to expand or deliver services. According to a Marin City program director, "Here we are after all these years still fighting the perception of the media, the rest of the county and outside providers that Marin City is not a safe place."

Racism can be manifested in very subtle ways, and may more likely be expressed through decision making processes, institutional practices, body language and tones of voice than blatant behavior (Scott 1994). The racial homogeneity (85% white) and high level of affluence in Marin County leave poor people of color living in extremely isolated pockets. One Marin City provider argued that while more integrated communities need to work harder at dealing with racial and cultural diversity, Marin County does not yet understand what it takes to learn about other people, choosing instead to blame what it does not understand. "You always say it's their fault, instead of I don't understand.... It's easy to promote that, and it scares people." Having witnessed interactions between outside agencies and Marin City providers, one key informant observed, "The cultural competency issue was a major factor. Outside agencies would get involved but they wouldn't realize they were being offensive, or that they weren't being effective." According to a former MCP board member, the perception in the Marin City provider community is that, like the larger society, funders tend not to "deal with their own personal stuff, and no one is there to influence them., which results in funders having inaccurate visions and false expectations due to their lack of understanding about how the community actually works."

Service agencies in low-income and minority communities typically seek ways to use culturally specific family, extended family, faith-based, and other community assets that may not be recognized or valued in the mainstream, middle-class values found in traditional human service delivery systems (Stokley 1996). People from outside a community that operates programs often judge these types of services to be less professional and effective than the more mainstream organizational norms with which they are familiar, and they expect local agencies to change to a more traditional, "professional" approach. According to a Marin City provider, "People don't want to take the time to learn about diversity, learn about my culture, my values. Instead, they would rather take the stance that there's something wrong with your thinking. So you constantly get these 'you're less than' messages."

Ethnic agencies often have trouble trying to effectively function, do business, and converse in the vastly different worlds of clients, mainstream agencies and funders. Staff of these agencies often complain that organizations outside their communities do not understand or fully appreciate what that process entails. A Marin City Project staff member said the lack of cultural competence on the part of outside

agencies made her feel as if many of the staff of outside agencies didn't know what they were doing. According to one key informant, the choice by staff of outside agencies to *stay* uninformed keeps Marin City programs marginalized, and seen as not worth the effort or hopeless. "Outside agencies are OK letting ethnic agencies work with their own, with 'those' people. We are allowed to function not as a positive evaluation of our competency as an agency but because of who we serve."

Marin City providers felt that as "ethnic agencies" they were automatically suspect. According to one key informant, outside agencies felt that Marin City programs were not honest, that they used funding irresponsibly and had their own rules. "They felt there were some people heading agencies who had been buttering their own bread for a long time, just taking care of themselves and not really getting the job done. That was the perception, and it was very hard to disprove." Echoing that view, a Marin City program director said one of the reasons programs didn't get enough money was because funders "think you're going to mess it up anyway."

The Mystique of Community Involvement in Planning and Decision Making

Many funders now require evidence that the community is involved in planning, implementing and evaluating programs intended to serve them, although much of what actually happens tends to be more superficial than meaningful participation. Cohen (1976) noted that past efforts by social service agencies to include the residents of a community in program planning and policymaking activities had met with little success. He argued that these failures were due in part to the residents' distrust and belief that the agencies and their programs were not relevant to the problems and needs of the community. "Since the downtown bureaucrats are viewed as distant from the community both physically and emotionally, area residents may give up [participating in a planning process].... As a result the people and the experts who serve them muddle on as usual in their separate worlds."

Newer neighborhood-based programs of the 1990s are still viewed suspiciously by residents whose memories of past promises and disappointments prevail over the promise of change in the present. Many residents of low-income communities and communities of color complain about being exploited even as they are "studied to death." While their participation in neighborhood meetings helped to obtain funding, residents feel the programs ultimately do not benefit them. "We get nothin' [while project staff] get a job; we're nothin' but someone else's numbers" (Colby, 1997).

According to Melaville (n.d.) the possibility of working effectively within low-income communities is remote when:

- the climate does not promote trust,
- there is no process to promote good communication, problem solving and conflict resolution, and
- the people involved are not culturally competent.

Marin City providers have reported that historically they have been discounted when decisions affecting their community are made. Outside agencies would develop

funding proposals using Marin City data to demonstrate need, but would fail to consult local agencies or involve the community until late in the process. Local organizations would then need to decide whether to become involved — even though some decisions had already been made — or to remain uninvolved, knowing that services would continue to be planned and delivered without their input. This treatment built reservoirs of distrust and suspicion among local agency staff and directors. They felt they would have to cooperate with outside agencies that got the new staff positions to serve Marin City families, leaving Marin City agencies torn between seeing needed services come into the community and being bypassed by the outside agencies as the provider of those services.

The contrast between involving the community in a *planning ritual* as opposed to giving people actual *leverage to make policy decisions* eventually leads to alienation (Seeman 1959). Many indigenous agencies find that even when they are brought into the planning process, their ideas are not respected or taken seriously. Marin City providers feel that their opinions, knowledge and experience are consistently disregarded. "No matter what our program people came up with, it was never viewed as being the right thing," recalls one of the program directors.

Funders generally have their own ideas about the problems and solutions in communities. Service agencies often need to modify their mission and goals to be competitive to funder-defined, as opposed to need-defined agendas, even if they disagree with the priority of the services funded. A major sticking point for the Marin City Project was how differently Marin City providers and the foundation assessed the needs of families trying to move from welfare dependence to economic self-sufficiency. While Marin City programs advocated for a comprehensive service base that would support families to learn more effective ways of functioning (child rearing, drug treatment, family counseling) and develop constructive ways to make the transition to work, the primary focus of the funder was on job training and employment. According to one program manager, "In the end, the idea of providing social services to a total community was left by the doorstep."

Over time, community members and local service providers who have been exploited become angry, apathetic and cynical (Dean 1961). Only rarely are local residents and service providers acknowledged for their experience and accepted as equal partners to work with outside experts in planning and implementing new forms of service delivery (Colby 1997). It is also unusual for collaborative partners outside the community to truly understand and appreciate the realities of providing services in impoverished urban neighborhoods (Mulroy 1998). Rather, key informants consistently report that ethnic agencies and communities of color do not feel their opinions and abilities are valued.

A former Marin City Project board member suggested that, at a minimum, the heads of local programs should have been asked to participate in developing an evaluation system that involved and kept the community informed about changes and tracked how the community felt about the changes taking place. "I would have allowed the community to develop its own type of evaluation system internally that was equated to quality of life values, or other personal indicators," he said. He believed that both

the community and the funder would have learned from that process not only what the community wished for itself, but how the community really operates.

One of the most divisive aspects of life to one Marin City service provider was not being valued for her expertise in working with the community and not seeing her views represented in the way programs were planned and developed. "The ideas that we come up with and the programs we want funded are not given any credence," she said. Instead, the foundation hired outside consultants who arbitrarily changed the focus of programs without bringing the community into the process. Marin City program directors felt that the consultants didn't have the background or experience to understand the community or evaluate their programs. "It didn't matter how many times you say it's not going to work like that, even quoting best practices, or what the research has shown. They went ahead anyway."

The use of outside consultants was one of the most resented aspects of the Marin City Project, adding to the powerlessness program staff already felt. Having to deal with outside consultants — who were brought in to provide technical assistance and get the project on track but who instead brought chaos — was particularly discouraging. Program directors were given little opportunity to provide input into decisions that significantly changed their goals and directions and were forced to use approaches imposed on the programs from the outside rather than building on the knowledge and experience of providers working in the community. According to one program director, "Things were changed because they don't see it working the way they think it should work, instead of looking at why it isn't working or, if it is working, what portions are working. When you're changing all the time, you never know what's happening, it keeps you off balance, and it makes you look like you're not really doing anything."

Externally-imposed strategies that are not tailored to the realities of the community inevitably fail. One collaborative in neighboring San Francisco lost its funding when the funder finally realized that the model it had mandated, over protests from participating agencies, was too complex and cumbersome for the intended population, concluding that implementation of the intervention *failed* rather than the intervention was *inappropriate* for the community (Oliva 1999). In July 1999, funding for the Marin City Project was abruptly ended for similar reasons.

Burnout, Low Morale, and Depression

Efforts involving agencies serving low-income and minority communities tend to be strained due to competition for resources, lack of capacity building, poor communication, lack of a process to settle differences, and lack of training for boards and staff. Like poor families living from one check to the next with no extra money to help advance their children educationally, agencies struggling from payment to payment lack the resources to provide training for staff to hone and develop new skills. And like welfare agencies that have the power to hold up benefits checks if recipients fail to meet certain requirements, so do funders at times use punitive tactics, such as delaying payment, to control programs. For example, checks might be delayed for Marin City Project programs that did not submit a quarterly report on

time. According to one program director, "There were times when some of the programs in the Marin City Project had to close their doors for a day or two, or the threat was there that they wouldn't get the money."

Funding uncertainty and job insecurity create significant tension among program staff who, like the clients they serve, worry about how they will pay their bills, rent, and child care. The more insecure their funding, the more programs feel a loss of status and influence among other agencies with whom they work and partner. Employees living with high uncertainty, rapid change, and job insecurity also experience higher than normal job related stress and poor health (Friesen and Frey 1983). Up to two-thirds of child welfare caseworkers in one study reported stress-related health problems (Lawton 1980). According to one Marin City Project program director, stress exacts a high toll among Marin City providers as well: "What has happened over the years has been more and more bad health. I have never seen so much illness in service providers."

Unaddressed work-related pressures can lead to burnout, a distinct type of occupational stress characterized by emotional exhaustion, reduced sense of personal accomplishment, and cynical attitudes and negative feelings towards clients (Maslach and Jackson 1981). Marin City Project staff describe a work environment in which burnout is inevitable. "In the beginning, there was a certain amount of excitement that we were going to do something that's really going to make a difference in people's lives," recalled a former MCP staff member. "Then we were faced with some realities that things weren't moving the way we had anticipated. There were accusations of mismanagement, questions about where the money went. Staff morale was often at a pretty low point." Stress levels were so high sometimes that staff dreaded going to work. "Low morale affected staff efficiency. You got to a point where you didn't care," said another staff member.

The dual stress of working under difficult workplace conditions and with difficult populations puts direct service workers at high risk of burnout. According to one of the Marin City Project program directors, "You need to keep yourself up while you're dealing with a population who ... a lot of them have feelings of hopelessness, and you have to put on a whole different face. If you're down yourself, it's really hard." The classic signs of burnout manifest when a worker has so little mental energy that they literally stop caring. For some workers, this can mean knowing their ability to help is so limited that they become angry, cynical, and even rationalize the dysfunctional behavior of families with whom they work as being normal.

Almost as a prerequisite to being effective in their work, caregiving professionals strive to create meaningful and helpful relationships with clients that by their nature are draining (Kahn 1993). In the course of those relationships, staff are exposed to emotional demands from clients, may find themselves in personally risky situations, receive personal threats, watch clients backslide, deal with the effects of severe abuse or neglect, find themselves in no-win situations, and must detach from clients (Barrett and McKelvey 1980). Burnout among helping professionals is most likely to occur when work-related pressures erode one's sense of purpose in the job (Bramhall and Ezell 1981). Then, the energy, involvement and efficacy one has with

one's work may convert to exhaustion, cynicism and ineffectiveness (Maslach 1997). Common institutional stressors that can overwhelm and demoralize caregiving professionals (Barrett and McKelvey 1980; Bramhall and Ezell 1981; Cournoyer 1988; Heaney 1991) include:

- unpredictable and constantly changing policies and procedures,
- low salary,
- insecure funding,
- inadequate resources to meet clients' needs,
- accommodating to new administrative officials and supervisors,
- increased pace of work required,
- changes in staff,
- lack of organizational support for workers,
- poor peer relationships,
- excessive workload, and
- overtime and long shifts.

Marin City Project staff were exposed to many of the organizational pressures noted above and also to issues of differences related to culture and race. One of the program directors described how overwhelming it is for directors of small programs who are service providers as well as administrators to constantly handle funding problems and other pressures. "It wears you out because you're constantly thinking about that at the same time you're trying to provide a service. It means that your days and weeks are extraordinarily long because you're so busy going to meetings and trying to help pull things together, but yet you've got services to run." The lack of clarity around funding and program design issues undermined the ability of programs to function, inevitably causing resentment, anger and burnout. "It was hard, it was demeaning," said one Marin City provider. "I'm still learning to deal with my anger. I haven't mastered that yet." "It burns you out, frustrates, you," reported another. "And if you're not careful, you begin to be critical of yourself."

Some researchers argue that employee burnout is an occupational problem connected to organizational dysfunction that says more about the workplace than the employees (Maslach and Leiter 1997; Bramhall and Ezell 1981). Instead of viewing burnout as an individual response to job-related stress, they suggest examining the different organizational conditions in which caregiving professionals are emotionally supported or drained (Kahn 1993). Other researchers also suggest that organizational problems are, like a holograph, "in the people as well as the system" (Schaef and Fassel 1988). Maslach (1977) urged that the search for the causes of burnout be directed "away from identifying 'bad people' and toward uncovering the operational and structural characteristics in the 'bad' situations where many good people function."

The damaging effects of institutionalized racism, while difficult to quantify, also need to be factored into the pressure people of color experience working in already stressed community based organizations. According to a former Marin City Project staff person, encountering both racism and a dysfunctional workplace meant having to constantly work at remembering to stay focused on the needs of the community.

Marin City also faced internal stresses, some of which were brought on by the staff of local agencies themselves. The experience of operating in a community where many programs over the years were not found to be successful can create pessimism, and negativity. It can also lead to a subtle form of sabotage. New staff with different skills can be particularly threatening to more senior staff members who have established their own way of operating in the community in which they didn't have much success. Agency staff can thwart a program in much the same way that overwhelmed family members experiencing intense pressure or defeat can make it difficult for other family members to succeed. In observing functioning we found some people with the mindset that they tried every thing they could and didn't get too far and that therefore nobody would be able to do what they couldn't get done. How they acted was complex and confusing. They still wanted to get things to work but sometimes acted in ways that hampered movement and set up roadblocks for new staff. It seemed that if they would not be the ones to have the success experience after all they did, they would make it difficult for anyone else to have it.

This was true for a former staff person whose advocacy style caused problems with other Marin City Project staff. "I caught a lot of flak when I went outside the loop to find resources that families needed. With my experience as a community organizer, I was able to mobilize people and get them interested in doing something with their lives. But there were a lot of barriers whenever I made a move that wasn't part of the program's usual process. From my perspective, people who had been here long before I was felt I may have been infringing on their system and trying to change it."

Unacceptable behavior and incompetence can be perpetuated, tolerated and normalized when staff and management have been laboring under stress, and do not receive adequate support, supervision or training. This can be a particularly complex phenomenon in agencies of color in low-income communities. According to one program director, "Tolerating incompetence is among the vestiges of internalized oppression where there is an inadequate evaluation system created for employees, and no one is really willing to fire someone unless they do something outrageous because of the reluctance to fire another person of color."

Incompetence may also be tolerated when programs use their resources as a way to benefit the economy of the community. Sometimes there is a conflict because programs in poor communities try to do two things. One is to serve the client by getting the best people you can to serve the client. The other is giving the job to someone in the community, who might not be the best for the job rather than to an outsider, because it is a good job. Sometimes community and service goals work at cross purposes because there is so much need.

Researchers have observed that the reaction of organizations to inadequate resources and other stressors can be compared to characteristics associated with a dysfunctional family system (Friesen and Frey 1983; Behn 1980). Staff working in underfunded, understaffed programs with a highly demanding client pool and limited resources are prone to mirror the dynamics of an addictive family system, characterized by blurred or rigid boundaries, denial, and blaming defensive and confused communication (Sayre 1992).

Poor communication was a major problem in the Marin City Project which lacked a system for program sharing, leaving many service providers in the dark about what was going on or who was doing what. The transition from a group of independent agencies to one large project with component parts made it difficult to quickly integrate the services. "We rarely had staff meetings, so no one knew what anyone else was doing. When we did have a staff meeting, staff never had any input. We just sat there and listened and then the meeting was over." A staff member reported that a number of the agencies had weekly meetings as they did before the merger "to compensate for feeling isolated from the MCP administration, lessen the sense of abandonment staff felt, and support staff within their immediate work environment."

What causes "battered agency" functioning is the combination of stress factors we have been discussing. Sayre (1992) says we should expect this type of functioning when a program has:

- overextended and relatively isolated staff members,
- little time to cultivate necessary resources to cope with extreme demands on the time, energy and skills of staff, and
- over-extension compounded by the lack of financial resources that limits the amount and quality of training and technical assistance available to staff.

Compounding these stressors are the frustrations of racial and cultural insensitivity felt by both staff and clients.

III. HELPING BATTERED AGENCIES

Over time, WestEd has explored the most effective ways to work with families struggling with financial uncertainty, homelessness, drug addiction, parenting, family relationships, lack of skills, and unemployment. Without intervention, the complex and interrelated nature of these issues can easily overwhelm and discourage individuals from believing that positive change is possible. This, too, can be true for battered agencies.

The concept of the battered agency emerged as MCFF tried to collaborate with Marin City Project programs inundated by funding uncertainty, burnout, anger and isolation. We realized that many of the characteristics of families living on the edge could also be applied to the local community-based programs that were resource deprived, understaffed, over-committed, and working with multiple problem families and individuals. Marin City providers described feeling trapped by their economic dependence on a single, major funding source, and program directors and staff talked about their pervasive feelings of being undervalued and invalidated. When asked why they continued to try to make things work, one of the providers, echoing the powerlessness felt by many of the families they serve, replied, "You feel like you don't have any options." These characteristics, which add up to the phenomenon that we call the "battered agency," are found in community-based agencies working in low-income communities nationwide.

We have tried to present a snapshot in the previous sections of what can happen in these agencies, and particularly agencies of color, when issues of power and control, race and class, and staff support and training are inadequately addressed or not addressed at all. As a new program working in Marin City, MCFF learned how difficult it is to go into a community with a compromised service base and treat it as if it was fully functioning and ready to collaborate. We found that these agencies, like the families we work with, needed a lot of practical and emotional support to begin to heal and overcome otherwise daunting challenges.

We believe that our experience with the family support interventions pioneered in MCFF can also be useful in helping over-stressed agencies. In this section, we suggest ways to apply and expand methods to help increase the capacity of agencies working in low-income and minority communities, create a supportive environment, nurture healthy organizational and collaborative development, and prevent burnout at the management, supervisory and staff levels.

Laying the Foundation

Problem: **Expectations on the part of funders that all agencies are ready and able to function in a collaborative can set them up to fail.**

Factors that can quickly destabilize collaborative projects involving agencies working in low-income communities include:

- unequal access to professional and technical resources,
- availability of powerful and well-positioned board members,
- a legacy of negative relationships, based on racial stereotypes, misunderstanding and poor communication, with partner agencies, and
- inadequate opportunities and resources to genuinely support and properly train staff.

The assumptions, expectations and stereotypes held by most funders, mainstream agencies, and organizational consultants about agencies in low-income and minority communities can perpetuate, if not exacerbate existing organizational dysfunction, and destabilize even fairly well-functioning agencies. Common expectations that mainstream agencies and agencies serving low-income areas can come to the table prepared to collaborate without first building bridges or mending fences is naive. Mainstream agencies tend to not understand and often devalue and marginalize agencies whose cultural norms reflect the community they serve. Even organizational consultants may not be aware of the level of battering these agencies experience and, not doing so, try to provide traditional capacity building assistance without first assessing organizational wellness and identifying staff matters that need attention. And no one fully grasps the extent to which burnout that staff at these agencies experience prevents them from being more effective.

Recommendation: **Organizational and individual staff wellness should be assessed among participating agencies as collaborations are formed and before services are provided.**

A healthy agency has a responsive, caring philosophy and structure that supports every level of the operation in a positive way. "Wellness," in the context of a multi-agency collaborative effort, means having a shared commitment and resources to positively support every level of operation, and willingness to engage in ongoing self-assessment to identify and deal with problems. The relative levels of wellness among the various collaborative members, including agencies and individual staff members, should be assessed by an organizational consultant/therapist before the actual work of the collaborative begins, and should include:

- assessing participating agencies for their readiness to function in a collaboration,
- identifying past history that might deter collaboration,

- screening individual staff members for signs of frustration, stress and potential burnout,
- evaluating the level of cultural competency of staff of participating agencies and program related staff of funding sources, and
- identifying dysfunction within and between participating agencies.

Problem: **Organizational and staff assessment generally does not occur, leading to future problems for the collaboration.**

Collaborative efforts are threatened when problems and misunderstandings that arise among member agencies are left to fester. While it is not easy to convince funders to make resources available to hire an organizational consultant/therapist, the type of early help that is provided can either truly benefit or create more of a problem for the organization. The Marin City Project is a good example of how the lack of appropriate technical assistance resources may have been the single most important factor contributing to the eventual demise of that initiative. Marin City program directors and staff, already traumatized by the reorganization from autonomous agencies to functioning under one umbrella, needed help to make that transition and begin to work together collaboratively. Although outside consultants were hired, no assessment of Marin City Project program directors or staff or collaborating agencies was undertaken, leaving Marin City providers in a process for which they were not prepared and from which they were unable to benefit.

***Recommendation*: Funders should allocate resources to hire an organizational consultant/therapist to assist in supporting the development of a healthy collaborative infrastructure and help the collaborative acquire additional technical assistance that is needed.**

We urge funders underwriting collaborative initiatives, particularly those that involve low-income communities of color, to contract with an organizational consultant to identify and address areas that could potentially destabilize the ability of participating agencies to work together effectively. We believe, from our own experience, that the role of the consultant hired to facilitate this process should be similar to that of a therapist, who has clinical training and experience working with individuals and families, as well as a background in organizational development.

The first stage of working with dysfunctional agencies involves establishing a strong, working, therapeutic partnership between the agency and the organizational therapist. Like the relationship that is established between a family advocate and the family clients, successful partnering between a battered agency and an organizational therapist hinges on several factors. We have learned that the people who actually do the work (agency director, key staff) must be brought into the process and participate in deciding what technical assistance they want and the abilities that an outside consultant should possess. Second, our experience has taught us that consultants working with community-based programs in low-income and minority communities need to have specific skills and competence, including the ability to:

- establish a respectful relationship with agencies to facilitate the work of creating a safe, open and confidence-building environment,
- create a therapeutic relationship that enables agency staff to look openly and honestly at their own issues and organizational problems,
- understand the dynamics of working in poor communities, and what it means to be identified as an "ethnic" agency,
- work with culturally and racially diverse individuals,
- accept that the culture of the population served by the agency in large part drives the way services are provided, and help the agency determine how it can deliver relevant services, and
- understand that staff who are committed to helping their clients may become trapped between high expectations of what they want to accomplish and feeling powerless and overwhelmed with the day-to-day realities clients confront.

Problem: **Agencies participating in a collaborative may not know how to work together.**

While agencies typically exchange written agreements detailing how, when and who will provide services, very few agree on a process about how they will solve tough problems or resolve differences.

Recommendation: **Decide what agencies should expect from each other and put it in writing.**

The initial planning period is a good time to think through what agencies should expect from each other. Interagency memoranda of understanding can include innovative ideas about how agencies will work through differences, and include commitments, for example, to:

- participate in a wellness assessment,
- develop procedures for conflict resolution,
- censor agencies not meeting their agreed-upon obligations or performance, and
- participate in all staff development and training provided for collaboration partners.

Racism: Perceived, Internalized and Institutionalized

Problem: **Racist behavior, attitudes and stereotypes can be major barriers to effective collaboration.**

Staff working for agencies of color serving low-income communities often struggle in dealing with how they are perceived by others. The relationship between mainstream and local agencies often ***begins*** with staff from both agencies evaluating the wisdom, skills and competencies of the staff of the other agency negatively. Agency directors or staff members of color may react with anger, defensiveness, or detachment to racist behavior or language directed their way or toward clients from their community. Mainstream agency staff may interpret this behavior as hostile, non-professional, or uncooperative. When mainstream service agencies are told that their staff are not culturally competent to work with staff and clients of color or that some of their practices seem racist, they often show similar anger, defensiveness, or detachment. Relationships often deteriorate to the point where one set of opinions is expressed in private, while another is expressed in public. Almost always, when things get to this point agencies respond to the bad feelings by finding subtle ways to distance themselves from each other or shut each other out of true collaborative interchanges.

Institutionalized racism presents other problems. In reaction to racism, community-based agencies often, like families that lack the skills and resources to successfully negotiate an intimidating and culturally/racially alienating service system to get their needs met, develop both protective and self-destructive coping mechanisms. Sometimes staff from agencies of color internalize stereotypes they hear about themselves, and sometimes they actively resist becoming part of a larger service system that has historically viewed them negatively, and controlled and allocated the resources they need. Experiencing racist attitudes, behaviors, and messages can cause agency directors and/or staff members of color considerable performance pressure and discomfort when working with providers in a predominantly white environment. Hostile, indirect, and infrequent communication is often the result.

Service delivery resources in a given area may be obtained and controlled by a tight knit group of mainstream agencies carrying certain attitudes and stereotypes that determine how they relate to agencies of color. The decision-making processes and institutional practices resulting from those perceptions pervade interagency staff relations in ways that create cultural and racial conflicts. These types of experience can condition agency staff of color to anticipate the worst in negotiations and collaborations and create a reluctance to engage potential collaborative partners.

Staff of agencies of color trying to collaborate may develop a belief system that assumes most outside agencies and their staff are racist, and close themselves off to any possibility of true collaboration.

***Recommendation:* Assess and develop cultural competence among all agencies participating in a collaboration.**

For a collaboration to be successful, racist assumptions and practices must be questioned and addressed on a regular and ongoing basis. Because internalized racism, stereotypes and institutionalized racism are such driving forces in relationships, we encourage funders to require, as a condition of funding, that collaborating agencies agree to examine their issues about race and culture. The organizational therapist should initially assess the attitudes, beliefs, stereotypes and cultural competence of each entity in the collaboration, including mainstream (predominantly white) agencies and agencies of color. Funders themselves should also participate in a process to examine their own perceptions about agencies of color, learn more about the communities they fund, and be aware of the dynamics happening among and between organizations in the collaborative.

It is clear that both agencies of color and mainstream, predominantly white agencies could benefit from developing cultural competence and the ability to work cross-racially. The organizational therapist should:

- propose or provide individual and/or group process sessions and workshops to help staff from mainstream agencies become more culturally competent and learn to work more effectively with people of color,
- propose or provide similar sessions for staff of color to learn constructive, self-affirming and assertive ways to respond to mainstream staff and to problematic situations and behavior,
- propose or provide skill development training for agency directors in general to help the directors interact more effectively with people outside their cultural environment, and
- propose or provide individual technical assistance to directors so they can learn to manage a healthier, better functioning organization while maintaining the cultural identity of the director and cultural integrity of the agency. (Please see detailed suggestions in the Staff Training and Development section.)

Staff Training and Development

***Problem:* Agencies participating in partnerships often don't have opportunities for joint staff training and development.**

As collaboratives and other new service delivery systems continue to emerge, the need for technical assistance and staff development to promote organizational wellness at every level becomes more important than ever (Karasoff et al. 1996). One of the most valuable legacies a funder can leave a community is providing a structure and staff resources for technical assistance, staff development and capacity building that last long after the funding ends. Unfortunately, funders are not always willing to provide these resources, and directors of struggling agencies tend to focus more on agency survival than staff survival. This shortsighted strategy

often leaves agencies with staff who need help dealing with frustration, anger, and powerlessness when they can't accomplish their goals because they lack the necessary resources or skills (David 1999).[1]

While using scarce resources for staff development and training as opposed to direct services may be a difficult decision for a financially struggling agency, a lack of support for line workers often dooms an organization to not meet its goals. The unaddressed anger, frustration and isolation of Marin City Project program staff seriously undermined their ability to provide high quality services to clients and to collaborate with other programs. This lack of support led to a break down in service with commitments not being met, meetings not attended, and strained relationships internally and externally.

***Recommendation:* Funds should be provided to build skills, prevent burnout, increase cultural competence, and afford opportunities for cross-training.**

We have found that the best outcomes result when agency policy is committed to nurturing and supporting staff, and demonstrates willingness to be flexible and open to ongoing self-assessment and staff input. Heaney (1991) recommends that social support interventions should ensure training and work contexts that explicitly support the implementation of newly acquired behaviors and knowledge. She argues that efforts to change employees' attitudes and behaviors will meet with little success unless personnel from all levels of the organization are included and the organizational environment reinforces and supports those changes.

According to Kahn (1993), "the extent to which caregivers are emotionally 'held' within their own organizations is related to their abilities to 'hold' others similarly." In other words, the presence or absence of institutional caregiving behaviors influence the experiences and work of staff who become more willing and able to pass on caregiving to clients when they themselves feel cared for. This dynamic flows through and affects an entire agency. The executive director who feels supported by the board of directors has more time for the supervisors who, in turn, can focus on helping the agency staff who, with the support and empathy of their supervisor, can focus their energy on clients.

We recommend that ongoing opportunities for staff training and development be available in three specific areas: skills development, burnout prevention, and cultural competence.

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[1] Free from the political pressures that hamper governmental funders, foundations could make more effective use of scarce resources by exploring new solutions to social problems and working directly with grantees to improve their own capabilities and performance. Unfortunately, with only 2% of foundation grants designated to improve their grantees performance, foundations currently contribute few resources other than financial support, and very few fund work that explore the relative effectiveness of different approaches to a given problem (Porter and Kramer 1999).

Skills development. Staff need to have opportunities for regular training to upgrade their skills and practice new ones, learn about the current state of thinking in their field, be up-to-date on new laws that affect their work, and share their own experiences with other colleagues.

Burnout prevention. While the relationship between caregivers and recipients is central to help clients grow and heal, the need to be emotionally, physically and intellectually accessible to clients can exact a high toll on caregivers. The absence of an agency-wide commitment to witness, support and safeguard their work experience places caregivers at risk of experiencing burnout and withdrawing from their work emotionally and physically (Kahn 1993).

Various interventions prevent burnout and allow caregivers to experience themselves as cared for in the context of their work roles and "refill the supplies of emotional caring from which they draw in their work" (Kahn 1993), including:

- time-outs at work,
- learning to detach,
- peer support groups,
- supervision that offers feedback,
- time off, and
- designated days when staff has no contact with clients.

Staff members need to be regularly acknowledged for their work with difficult populations and particularly challenging cases. Bringing in an outside therapist or facilitator to provide regular confidential sessions provides opportunities for staff to express and process feelings, problem solve, and support each other. "Such institutional caregiving is crucial for caregivers, whose own dependency needs are triggered and heightened by working with dependent others and who need to feel they can wade into seas of client emotions while remaining securely fastened to the immovable landmarks of their organizations" (Kahn 1993).

The agency also needs to protect its investment in staff training and development by supporting staff who are applying newly acquired skills in the workplace (Gooding 1996). For training to be beneficial, the opportunity to operationalize what is learned needs to be supported within and throughout the organization (Heaney 1991).

Burnout treatment. Burnout should be anticipated and planned for. A part of the operational plan of any agencies that deals with the issues presented in this document should be a policy that makes available one on one counseling and planning support for staff who are detected as experiencing significant burnout.

Cultural competence. The rationale for these trainings was discussed at length in the previous section. Training opportunities should address, at a minimum, the following issues:

Suggested topics and issues for cultural competence trainings

Agencies of color	Mainstream agencies
Learning to channel feelings of anger, powerlessness and invisibility to work for rather than against themselves	Understanding how the privilege of being white and working in a mainstream agency brings certain advantages
Becoming better equipped to function in two worlds while preserving their own cultural competency and integrity which may, at times, conflict with the expectations of mainstream agencies	Examining attitudes about working with people who are different, how those attitudes can undermine efforts to work collaboratively, and observing insecurities about working cross-racially
Examining attitudes about working with people who are different, how those attitudes can undermine efforts to work collaboratively, and observing insecurities about working cross-racially	Learning to distinguish racist attitudes or behavior from what could be miscommunication or misunderstanding
Learning to distinguish racist attitudes or behavior from what could be miscommunication or misunderstanding	Developing assertive language and ways of communicating to confront inappropriate behavior in ways that others can hear
Developing assertive language and ways of communicating to confront inappropriate behavior in ways that others can hear	Learning through role playing how to handle cultural conflict instead of passively letting a culturally insensitive remark go or aggressively counter attacking.
Learning through role playing how to handle cultural conflict instead of passively letting a culturally insensitive remark go or aggressively counter attacking.	

Supervision

Problem: **Many agencies do not have a structure in place to provide the support staff need to do the difficult work they do.**

Supervision ideally should support the individual worker. The type of staff supervision provided is a major contributor to the ongoing well-being of professional social service workers.

Recommendation: **Agencies should train supervisory staff in reflective supervision.**

Reflective supervision was used to facilitate MCFF family advocates to actively participate in reflecting, dialoging, problem solving and making decisions about strategies and cases. The supervisor acts as consultant and facilitator, rather than as manager and authority (Bremond 2000). The supervisor acts as a filter for the workers position and experience in regards to the client, and collaborators while intentionally modeling the same kind of relationships and process that the advocates would strive to have with their clients and collaborators. By processing their feelings, discussing their concerns and jointly problem solving issues, the workers see modeled and actually experience the same supportive process they would use

with their clients and colleagues. This process has proven quite effective in keeping small problems from escalating into big problems.

Kahn (1993) suggests building stronger linkages between administrative and caregiving components of caregiving agencies, which traditionally have been fragmented. To offset such fragmentation, members within the agency must find ways to examine and work together to change their dysfunctional interactions and create networks of support. "This will occur not simply by having administrators perform more caregiving acts, but by training all organizational members to examine caregiving patterns in relation to one another. Members must learn to create portraits of organizational caregiving that show the overall effects of their acts of giving and withholding care on their work and relationships" (p. 562), and share with others their personal experiences of being given or denied care within their roles.

Gowdy and Freeman (1993) believe that assessing the total program environment in which helping clients occurs is as important as individual client-worker relationships, and suggest periodic *program supervision* to ensure that the effectiveness of case level work is supported and enhanced at the agency level. Supervision needs to not only reflect on clients but on context. Often staff are more confused about working with the larger service system than with the client and these feelings and issues must be addressed.

Organizational Capacity Building

Building organizational capacity means increasing the agency's ability to function, including setting and meeting goals, assessing a need, developing a strategy to meet it, and creating a vision and having access to the resources needed to attain it. We have argued that battered agencies are not able to benefit from traditional capacity building approaches without first assessing the damage that has accumulated over the years. Once that assessment has been done, steps can be taken to provide appropriate technical assistance and training.

Problem: **Traditional strategic planning methods are not appropriate for battered agencies.**

While strategic planning has been used as a successful private sector management technique, this is a difficult process to undertake with battered agencies that have lost confidence in themselves. A major problem emerges when an agency has disintegrated so much that it loses faith in its ability to cope and calls in a management consultant in the belief that external solutions are its only hope.

Recommendation: **Prepare the agency to begin a strategic planning process through self-assessment and team building.**

Posey et al. (1987) cautions that before an agency can become proactive in managing its own environment through strategic planning, it must be helped to regain the strengths of its own collective ability so that it can function effectively and as a unit

again. It is to this setting that a consultant can bring some carefully thought-out organizational development interventions to help agency staff become open to change and ready for strategic planning. Goals of this work should include:

- Agency directors and staff members must first believe that they are capable of taking charge of their agency's destiny if they choose, and that it must be done on their own initiative and action, not that of others.
- Second, agency members need encouragement to understand how destructive and counterproductive their responses to stress have been.
- And third, agency members need to be reassured that their feelings of distress and uncertainty can be overcome and put in context.

"Intervention techniques that reinforce staff competence will aid the eventual strategic planning effort. If internal agency conflict has developed, team building interventions may be most appropriate, and if the agency has reached the bottom of the spiral, *restoring agency morale may be the most important first step* in preparing the agency for strategic planning" (Posey, et al. 1987).

IV. CONCLUSION

We have found that many local service agency working in impoverished neighborhoods are battered, and working under additional layers of pressure than the similar but less intense pressures experienced by most mainstream agencies. Battered agencies, like traumatized families, can be quite resilient and, even during the most difficult times, have assets and strengths to use as building blocks. We have suggested several ways to provide access to these assets and strengths, including:

- Assessing organizational and staff wellness among participating agencies well before services are provided as a collaborative;
- Encouraging funders to earmark resources to hire an organizational therapist who can nurture the development of a healthy collaborative infrastructure;
- Deciding early in the planning phase what participating agencies should expect from each other and putting it in writing;
- Assessing and developing cultural competence among all agencies participating in a collaborative;
- Urging funders to provide resources for staff to build skills, prevent burnout, increase cultural competence and afford opportunities for cross training;
- Training supervisory staff in reflective supervision so that staff can actively participate in problem solving and making decisions about their cases;
- Preparing the battered agency to start a strategic planning process through self-assessment and team building.

In working with agencies we describe as battered, we have seen firsthand the harm that results when overworked, resource-deprived and economically vulnerable community-based service organizations serving low-income and minority communities try to comply with extreme demands and expectations. As a result of perceived and real pressure, agency morale declines, causing stress throughout the organization. Problematic organizational and staff behavior results, lessening the confidence of the staff, other collaborating agencies and funders that the agency will successfully conduct its work. Once agencies reach this point, business as usual is usually bad business.

Battered agencies need to be nurtured before they are expected to take on additional tasks. They also most often need to be heard as vital community voices with a unique knowledge and skills. We have pointed out in this document how some of them might be saved and brought back to robust functioning.

BIBLIOGRAPHY

Alter, C. (1990). An exploratory study of conflict and coordination in interorganizational service delivery systems. *Academy of Management Journal*, 33(3): 478-502.

Arches, J. (1991). Social structure, burnout and job satisfaction. *Social Work*, 36(3): 202-206.

Barrett, M.C. & McKelvey, J. (1980). Stresses and strains on the child care worker. *Child Welfare*, 59, 270-280.

Behn, R.D. (1980). Leadership for cut-back management: The use of corporate strategy. *Public Administration Review*, Nov-Dec, 613-620.

Berlinger, L.R. & Hall, P.D. (1997). "Assessing the effectiveness of cross-sector programs in an age of devolution: A call to action for organizational scholars." Paper presented at the annual meeting of the Academy of Management, cited in J. Pitt (1998). *Community-based Collaboratives: A Study of Interorganizational Cooperation at the Neighborhood Level.* Nonprofit Sector Research Fund Working Paper Series. The Aspen Institute.

Bramhall, M. & Ezell, S. (1981). How burned out are you. *Public Welfare*, 39(1):23-27.

Bremond, D., Piske, B., Scott, B., & Benard, B. (2000). *Marin City Families First: Three Case Studies.* WestEd: Center for Child and Family Studies.

Byles, J.A. (1985). Problems in interagency collaboration: Lessons from a project that failed. *Child Abuse & Neglect*, 9, 549-554.

Cain, R. (1997). Environmental change and organizational evolution: reconsidering the niche of community-based AIDS organizations. *AIDS Care*, 9(3): 331-344.

Cherniss, C. (1980). *Staff Burnout*. Beverly Hills, CA: Sage.

Cohen, B.J. and Austin, M.J. (1997). Transforming human service organizations through empowerment of staff. *Journal of Community Practice* 4(2): 35-50.

Cohen, M.W. (1976). Citizen participation in the decision-making activities of formal social service agencies: an unreasonable goal? *Community Mental Health Journal* 12(4): 355-364.

Colby, I.C. (1997). Transforming human services organizations through empowerment of neighbors. *Journal of Community Practice* 4(2): 1-12.

David, T. (1999). *Reflections on our first initiatives.* The California Wellness Foundation.

Dean, D. (1961). Alienation: its meaning and measurement. *American Sociological Review*, 26, 753-758.

Fargason, C.A., et al. (1994). Enhancing multi-agency collaboration in the management of child sexual abuse. *Child Abuse and Neglect*, 18(10): 859-869.

Finch, W.A. (1978). Administrative priorities: the impact of employee perceptions on agency functioning and worker satisfaction. *Administration in Social Work*, 2(4): 391-399.

Finch, W.A. (1976). Social workers bureaucracy. *Social Work*, 21: 370-375.

Friesen, B.J. & Frey, G. (1983). Managing organizational decline: emerging issues for administration. *Administration in Social Work*, 7(3/4): 33-41.

Goetz, E. (1993). *Shelter Burden*. Philadelphia: Temple University Press.

Gooding, C. (1996). Using training strategically to build organizational capacity. *Nonprofit World*, 14(4): 41-46.

Heaney, C.A. (1991). Enhancing social support at the workplace: assessing the effects of the caregiver support system. *Health Education Quarterly*, 18(4): 477-494.

House, J.S. (1981). *Work Stress and Social Support*. Reading, MA, Addison-Wesley.

Jones, B.A. (1992). Collaboration: the case for indigenous community-based organization support of dropout prevention programming and implementation. *Journal of Negro Education*, 61(4): 496-508.

Karasoff, P., Blonsky, H., Perry, K., & Schear, T. (1996). *Integrated and Collaborative Services: A Technical Assistance Planning Guide*. California Research Institute, San Francisco State University.

Kramer, R. & Grossman, B. (1987). Contracting for social services: Process management and resource dependencies. *Social Service Review*, March, 32-54.

Lawton, H.W. & Magarelli, A. (1980). Stress among public child welfare workers. *Catalyst*, 2(3): 57-65.

Legault, G. (1996). Social work practice in situations of intercultural misunderstandings. *Journal of Multicultural Social Work*, 4(4): 49-66.

Maslach, C. & Leiter MP. (1997). *The Truth About Burnout: How Organizations Cause Personal Stress and What to do about It*. Jossey-Bass Inc.: San Francisco.

Maslach, C. (1982). *Burnout: The Cost of Caring*. Englewood Cliffs, NJ: Prentice-Hall.

Maslach, C. & Jackson, S.E. (1981). The measurement of experienced burnout. *Journal of Occupational Behavior, 2, 99-113.*

Maslach, C. (1977). *Burn-out Syndrome: A Social Psychological Analysis.* (Paper presented at the Annual Convention of the American Psychological Association, San Francisco).

Mattessich, O.W. & Monsey, B.R. (1992). *Collaboration: What makes it work?* St. Paul, Minnesota: Amherst H. Wilder Foundation, cited in J. Pitt (1998).

Melaville, A.I. & Blank, M.J. (n.d.). *What It Takes: Structuring Interagency Partnerships to Connect Children and Families with Comprehensive Services.* A joint publication of the Education and Human Services Consortium.

Mulford, C.L. & Rogers, D.L. (1982). Definitions and models. In D.L. Rogers & D.A. Whetten (Eds.), *Interorganizational coordination: Theory, research and implementation*: 9-31, Ames, Iowa: Iowa State University Press.

Mulroy, E.A. (1997). Building a neighborhood network: interorganizational collaboration to prevent child abuse and neglect. *Social Work* 42(3): 255-264.

Mulroy, E.A. & Shay, S. (1998). Motivation and reward in non-profit interorganizational collaboration in low-income neighborhoods. *Administration in Social Work* 22(4): 1-17.

Oliva, G., Rienks, J., & Netherland, L. Critical collaborations in serving high risk women: The PHREDA Project. In B. Bowser, C. Reinarmen, & S. Mishra (Eds.). *Preventing AIDS: Community-Science Collaborations.* Harwood Academic Publishers, in press.

Pines, A.M. & Aronson. E. (1988). *Career Burnout.* New York: Free Press.

Pitt, J. (1998). *Community-based Collaboratives: A Study of Interorganizational Cooperation at the Neighborhood Level.* Nonprofit Sector Research Fund Working Paper Series. The Aspen Institute.

Porter, M.E. & Kramer, M.R. (1999). Philanthropy's new agenda: creating value. *Harvard Business Review*, Nov-Dec. 121-130.

Posey, P.A., et al. (1987). Preparing public service agencies for strategic planning. *International Journal of Public Administration*, 10(5): 421-437.

Rapp. (1999). Neighborhood-based services: organizational change and integration prospect. *Non-profit Management and Leadership*, 9(3): 261-276.

Reed, G.M. & Collins, B.E. (1994). Mental health research and service delivery: a three communities model. *Psychosocial Rehabilitation Journal*, 17(4): 70-81.

Rubin, H. (1995). Renewing hope in the inner-city: Conversations with community-based development practitioners. *Administration and Society*, 237. (1): 127-160.

Sayre, L.D. (1992). The parallel process in the addiction treatment staff system: An ethical perspective. *Alcoholism Treatment Quarterly* 9(2): 65-76.

Schaef, A.W. &Fassel, D. (1988). *The Addictive Organization*. Harper & Row: New York.

Scott, B.L., Lally, J.R., & Quiett, D. (1994). *Barriers to Implementing Common Principles of Interagency Collaboration: Lessons Learned from the Marin City Families First Program*. Center for Child and Family Studies, Far West Laboratory for Educational Research and Development.

Seeman, M. (1959). On the meaning of alienation. *American Sociological Review*, 24, 783-791.

Stoesz, D. &Karger, H.J. (1992). *Reconstructing the American Welfare State*. Lanham, Maryland: Rowman & Littlefield Publishers, Inc.

Stokley, J. (1996). *Community Renewal of Family Economic Security: The Emerging Role of California's Family Support Programs in Community Economic Development*. A special publication from the National Economic Development and Law Center.

Stone, R. (1996). Introduction. In *Core issues in comprehensive community-building initiatives*, ed. Rebecca Stone. Chicago: Chapin Hall Center for Children at the University of Chicago.

Thomas, J.M. (1997, October). *Community Based Organizations Show the True Nature of Neighborhood Planning*. Paper presented to the association of Collegiate Schools of Planning, Ft. Lauderdale, FL.